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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	MUSAEPENDIC, Jasko
Title	ASSISTANT CHIEF OF POLICE, NEW YORK CITY POLICE DEPARTMENT
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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29,689

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB-95)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Musaependic, Jasko</i>	Date	08/26/2003
Name	MUSAEPENDIC, Jasko	Telephone	
Firm and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ *Total of _____ forms are submitted.

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